



MISSOURI VETERANS COMMISSION
MISSOURI VETERANS HOME
EMPLOYMENT APPLICATION

FOR OFFICE USE ONLY		CLASS		I AM APPLYING FOR A POSITION IN:	
		DATE APPOINTED		<input type="checkbox"/> CAMERON <input type="checkbox"/> CAPE GIRARDEAU <input type="checkbox"/> MEXICO <input type="checkbox"/> MT. VERNON	<input type="checkbox"/> ST. JAMES <input type="checkbox"/> ST. LOUIS <input type="checkbox"/> WARRENSBURG
NAME (LAST)		(FIRST)		(MIDDLE)	SOCIAL SECURITY NUMBER
ADDRESS			CITY		STATE ZIP CODE
TELEPHONE NUMBER ()		HAVE YOU WORKED UNDER ANY OTHER NAME? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, WHAT NAME(S)?			
FOR WHAT POSITION(S) ARE YOU APPLYING? _____					
FOR WHAT TYPE OF EMPLOYMENT ARE YOU APPLYING? <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> ANY					
WHAT IS THE MINIMUM SALARY YOU WILL ACCEPT?					
WHAT SHIFTS ARE YOU WILLING TO WORK? <input type="checkbox"/> DAYS <input type="checkbox"/> EVENINGS <input type="checkbox"/> NIGHTS					
HAVE YOU EVER BEEN CONVICTED OF, PLEAD GUILTY OR NOLO CONTENDERE TO, ANY MISDEMEANOR OR FELONY CHARGE IN MISSOURI OR ANY OTHER STATE INCLUDING A SUSPENDED IMPOSITION OF SENTENCE OR SUSPENDED EXECUTION OF SENTENCE OR ANY PERIOD OF PROBATION OR PAROLE? IF YES, STATE DETAILS. A YES ANSWER DOES NOT NECESSARILY EXCLUDE YOU FROM EMPLOYMENT. <input type="checkbox"/> YES <input type="checkbox"/> NO _____ _____ _____					
HAVE YOU EVER BEEN EMPLOYED BY THE MISSOURI VETERANS COMMISSION? <input type="checkbox"/> YES <input type="checkbox"/> NO			LOCATION		DATES
HAVE YOU EVER WORKED FOR ANOTHER STATE AGENCY? (LIST AGENCY AND DATES) <input type="checkbox"/> YES <input type="checkbox"/> NO			HAVE YOU EVER BEEN DISMISSED FROM ANOTHER STATE AGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO		
RECORD OF EDUCATION					
HAVE YOU GRADUATED FROM HIGH SCHOOL OR OBTAINED A GED? <input type="checkbox"/> YES <input type="checkbox"/> NO					
LIST COLLEGE, UNIVERSITY, VOCATIONAL SCHOOL, OTHERS, BELOW					
NAME AND LOCATION		COURSE OF STUDY	SEMESTER HOURS OR CLOCK HOURS COMPLETED	LIST DIPLOMA/DEGREE ATTAINED AND DATE DEGREE ATTAINED	
NAME					
LOCATION					
NAME					
LOCATION					
NAME					
LOCATION					
NAME					
LOCATION					

NAME						SOCIAL SECURITY NUMBER			
RECORD OF EMPLOYMENT/MILITARY SERVICE									
Begin with current or most recent employer. Attach additional sheets if necessary.									
NAME, ADDRESS AND TELEPHONE NUMBER OF EMPLOYER		FROM		TO		HOURS PER WEEK	POSITION HELD AND DUTIES	NAME OF SUPERVISOR	REASON FOR LEAVING
		MONTH	YEAR	MONTH	YEAR				
TELEPHONE NUMBER									
TELEPHONE NUMBER									
TELEPHONE NUMBER									
TELEPHONE NUMBER									
TELEPHONE NUMBER									

If you are currently certified, registered, or licensed to practice your profession or occupation, give name of association or licensing authority and certification, registration, or license number.

ASSOCIATION OR LICENSING AUTHORITY	CERTIFICATION, REGISTRATION, OR LICENSE NUMBER, AND EXPIRATION DATE
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COMPLETE THIS LINE ONLY IF APPLYING FOR A MISSOURI VETERANS HOME POSITION	HAVE YOU EVER HAD A LICENSE REVOKED OR VOLUNTARILY SURRENDERED A LICENSE OR IS YOUR LICENSE CURRENTLY UNDER INVESTIGATION? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, STATE DETAILS
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MAY WE CONTACT YOUR CURRENT EMPLOYER(S)? <input type="checkbox"/> NO <input type="checkbox"/> YES	<p>I understand that if hired, knowingly giving false or incorrect information may result in forfeiture of my job. If offered employment, I understand that such an offer is contingent upon a successful drug screening. I understand that a drug screen may be performed on all employees or upon reasonable suspicion, post-accident, return to duty and on a follow-up basis. Continued employment will be contingent upon negative results. I understand that the Missouri Veterans Commission promotes a drug free work place and agree to random testing as the Commission deems necessary. I authorize the Missouri Veterans Commission to verify my employment with my current and any other of my former employers. I agree to release my current and any of my former employers from all liability for providing the requested information. I authorize the Missouri Veterans Commission to verify my conviction record with any law enforcement organization.</p>
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SIGNATURE	DATE
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TO BE COMPLETED AFTER EMPLOYMENT

DATE OF BIRTH	MARITAL STATUS	MAIDEN NAME	RACE
NAME OF PERSON TO CALL IN CASE OF EMERGENCY		RELATIONSHIP	ADDRESS
TELEPHONE (HOME) ()	TELEPHONE (WORK) ()	CITY	STATE ZIP CODE